

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>21059</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name <u>Brian P Glynn</u> P.O. Box, Bldg., Room No., if any Street <u>3850 S. Racine Ave.</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60609</u>	4. Name, file number, and address of labor organization. Name <u>Heat & Frost Insulators Local #17</u> Labor Organization File Number <u>009-675</u> P.O. Box, Building and Room Number, if any Street <u>3850 S. Racine Ave.</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60609</u>
5. Position in labor organization. <u>Business Manager/JATC Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)

Signed

Brian Glynn

On 8/11/2005

Date

(773) 247-8184

Telephone Number

Name of Person Filing Brian Glynn		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Illinois Regional Insulation Contractors</p> <p>Trade Name, if any: IRIC</p> <p>P.O. Box, Bldg., Room No., if any Suite 118</p> <p>Street 1515 E. Woodfield Rd.</p> <p>City Schaumburg</p> <p>State Illinois ZIP Code + 4 60173</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>	
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Semi-Annual Labor Management meeting. Both Local 17 & IRIC pay for one meeting each year (alternating basis). These meetings provide a forum to discuss, consider, and attempt to resolve matters of interest to both parties.</p>	
	<p>11.b. Approximate dollar value of such dealing. \$30</p>	
	<p>12.a. Nature of interest held or income received.</p>	
	<p>12.b. Amount.</p>	

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Joint Apprenticeship Training Committee

Trade Name, if any: JATC

P.O. Box, Bldg., Room No., if any

Street 3850 S. Racine Ave.

City Chicago

State Illinois ZIP Code + 4

11.a. Nature of such dealing.

Re-imbursed expenses from attending a Foundation meeting on "How to be a Trustee of Apprentice Funds".

11.b. Approximate dollar value of such dealing.

\$117

12.a. Nature of interest held or income received.

12.b. Amount.

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One West Monroe

City Chicago

State Illinois

ZIP Code + 4 60603

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

I sit on the Labor Advisory Board that meets quarterly. Our purpose is to discuss new applications of technology, find the benefits of collaboration on improvements & cost-savings, information gathering, research & joint problem solving. 1/2 goes to charity

11.b. Approximate dollar value of such dealing.

\$750

12.a. Nature of interest held or income received.

12.b. Amount.

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.



August 11, 2005

As I was not aware of the report and requirement for filing Form LM-30, for the period January 1, 2004 to December 31, 2004, and prior to that time, I have attempted in good faith to reconstruct such financial transactions or arrangements that may be determined to be reportable occurrences. As I do not have accurate records of such occurrences, some or several items may be unintentionally omitted from this report. The following represents my honest effort to reasonably estimate and report what I believe to be the necessary information.

Brian Flynn